

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005574

**Entity Name:** KEY WEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LELAND MANAGEMENT  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809

**Current Mailing Address:**

C/O LELAND MANAGEMENT  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809

**FEI Number: 59-3701631**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LELAND MANAGEMENT  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            OTTINI, NANCY A  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name            DENT, WILLIAM  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title            VP  
Name            SMITH, RICHARD  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title            TREASURER  
Name            BLAKE, PHILLIP E  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title            SECRETARY  
Name            MCGHEE, NOLA J  
Address        C/O LELAND MANAGEMENT  
                  6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NANCY OTTINI**

**PRESIDENT**

**03/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date